

"COSS" TIME AND ATTENDANCE WORKSHEET

Social Security Number 464-25-6084				Year FY 2009		Pay Period No. 10		Agency/State BB		Town ADMINISTRATIVE		Unit ADMINISTRATIVE		Timekeeper FT		Pay Plan GS		Status Re Sch O/T		Ann Leave Cat 8		Comp. Work Schedule				
Name MONTES, EUGENE Jr.								From 05/10/09				To 05/23/09				Adv Lv Code		Supervisor Armando Mercado, Jr.		New Contact Point						
Time in Pay Status													Transaction		WK-1	WK-2	PREFIX		CODE		Totals					
S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	Prefix	Code	Suffix	Hours	Hours	COLUMN	COLUMN						
	8.00	8.00	8.00	4.00											01	Regular	28			1	28.00					
															11	Reg ND										
															04	Sunday										
															05	Sunday ND										
	3.00	3.00	3.00												41	AUO	9			41	9.00					
			4.00	8.00			8.00	8.00	8.00	8.00	8.00				61	Annual Lv	12	40		61	52.00					
															61/2	AL/ND										
															62	Sick Lv										
															62/2	SL/ND										
															62	Fam Act Lv										
															65	Hol Off										
															66/2	Hol Off/ND										
					1.00			1.00	1.00	1.00	1.00	1.00			19	17 Excludable	1	5		19	17	6.00				
															31	Hol Work										
															21	OT										
															25	OT/ND										
															63/4	Rest AL										
															1	65 Military Lv										
															24	Other										
															67	COP										
Total Time in Pay Status													AUO Total		Excl Days		Total Hours		CC4 Totals		95					
11.00	11.00	11.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00			9	6	89	Brought Fwd		Accrued		Available		Used		Balance to Date	
0700	0700	0700	0700	0700			0700	0700	0700	0700	0700			CLOCK HOURS ANY PAID STATUS				Annual	252.00		8	260.00	52.00	208.00		
1800	1800	1800	1100	1800			1500	1500	1500	1500	1500			CLOCK HOURS REGULAR AUO				Sick	520	519.00		4	523.00		523.00	
1800	1800	1800												CLOCK HOURS MIDS/SWG CARRYOVER				LWOP								
			1100																AWOL							
			1800																COP	45				45		45
Remarks:													MH Leave													
													Suspension													
													Family Act Lv		104.00								104.00			
													Restored A/L													
													Other													
													Use/Lose Hrs													

I certify the hours and times worked were in accordance with my assigned schedule.

Employee Signature: Eugene Montes, Jr. 6/2/2009
Date

Supervisory Approval: Armando Mercado, Jr. 6/2/2009
Date

216 / 527

9/6

Record of AUO Hours Worked

NAME		SSN#		PP#	FOR PERIOD FROM	TO
MONTES, EUGENE J		464256084		10	05/10/09	05/23/09
POSITION TITLE		%AUO	REGION	SECTOR	STATION	
APAIC		25%		RGV	WESLACO STATION	
DATE	DAILY TOUR DUTY HOURS	AUO HRS WORKED			EXCL DAYS	REASON FOR AUO HRS WORKED OR ABSENCE
Sun	HOURS					
05/10/09						ADOD
Mon	HOURS	8				
05/11/09	0700	1500	1500	1800	3.00	ADMINISTRATIVE DUTIES
Tue	HOURS	8				
05/12/09	0700	1500	1500	1800	3.00	ADMINISTRATIVE DUTIES
Wed	HOURS	8				
05/13/09	0700	1500	1500	1800	3.00	ADMINISTRATIVE DUTIES
Thu	HOURS	8	1100	1500		Annual Leave - 4 hours
05/14/09	0700	1100				
Fri	HOURS	8				
05/15/09	0700	1500				X Annual Leave
Sat	HOURS					
05/16/09						ADOD
Sun	HOURS					
05/17/09						ADOD
Mon	HOURS	8				
05/18/09	0700	1500				X Annual Leave
Tue	HOURS	8				
05/19/09	0700	1500				X Annual Leave
Wed	HOURS	8				
05/20/09	0700	1500				X Annual Leave
Thu	HOURS	8				
05/21/09	0700	1500				X Annual Leave
Fri	HOURS	8				
05/22/09	0700	1500				X Annual Leave
Sat	HOURS					
05/23/09						ADOD
TOTAL	=80 hours	32	9.00	6		

Certified True and Correct:

Eugene Montes, Jr.
 Eugene Montes, Jr.
 Employee Signature

Examined and Approved:

Armando Mercado, Jr.
 Armando Mercado, Jr.
 Supervisor Signature

Request for Leave or Approved Absence

1. Name (Last, first, middle)
MONTES, EUGENE Jr.

2. Employee or Social Security Number
464-25-6084

3. Organization
Department of Homeland Security/Customs & Border Protection/ Border Patrol

Check appropriate box(es) and enter date and time below	Date		Time		Total Hours
	From	To	From	To	
	<input checked="" type="checkbox"/> Accrued Annual Leave	05/14/2009	05/22/2009	7:00 AM	
<input type="checkbox"/> Accrued Annual Leave					
<input type="checkbox"/> Advance Annual Leave					

5. **Family and Medical Leave**

If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please provide the following information:

Check appropriate box(es) and enter date and time below	Date		Time		Total Hours
	From	To	From	To	
	<input type="checkbox"/> Accrued Sick Leave				
<input type="checkbox"/> Accrued Sick Leave					

I hereby invoke my entitlement family and medical leave for:

- Birth/Adoption/Foster care
- Serious health condition of spouse, son, daughter, or parent
- Serious health condition of self

Purpose:

- Illness/injury/incapacitation of requesting employee
- Medical/dental/optical examination of requesting employee
- Care of family member, including medical/dental/optical examination of family member, or bereavement
- Care of family member with a serious health condition
- Other

	Date		Time		Total Hours
	From	To	From	To	
	<input type="checkbox"/> Compensatory Time Off				
<input type="checkbox"/> Other Paid Absence (Specify in Remarks)					
<input type="checkbox"/> Leave Without Pay					

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency.

6. REMARKS:

7 **Certification:** I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

7a. Employee signature
Eugene Montes, Jr. *Eugene Montes Jr.*

7b. Date signed
05/22/2009

8a. Official action on request Approved Disapproved
(If disapproved, give reason. If annual leave, initiate action to reschedule.)

8b. Reason for disapproval

8c. Signature
Armando Mercado, Jr. *Armando Mercado Jr.*

8d. Date signed
05/22/2009

Privacy Act Statement
Section 8311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance of Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connections with its responsibilities for records management.

Public Law 104-134 (April 28, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other, data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.